

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:16

DOCUMENT # **704623** (8)  
1. Corporation Name  
**ST. LUKE BAPTIST CHURCH, INC.**

Principal Place of Business Mailing Address  
**1790 N W 55TH STREET MIAMI FL 33142** **1790 N W 55TH STREET MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/03/1962** 3a. Date of Last Report **02/01/1994**  
4. FEI Number **05-0037208** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**WALLACE, WILLIAM**  
**1032 NW 35TH ST**  
**MIAMI FL 33127**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE D  
NAME WALLACE, WILLIAM  
STREET ADDRESS 1032 NW 35TH ST  
CITY-ST-ZIP MIAMI, FL 00000  
TITLE ST  
NAME WILLIAMS, WILLIE  
STREET ADDRESS 1351 N.W. 56TH STREET  
CITY-ST-ZIP MIAMI, FL 00000  
TITLE T  
NAME POOLE, JOHNNIE  
STREET ADDRESS 14521 PIERCE ST  
CITY-ST-ZIP MIAMI, FL 00000  
TITLE D  
NAME WHITEHEAD, PLENTY  
STREET ADDRESS 1341 N.W. 87TH ST.  
CITY-ST-ZIP MIAMI, FL 00000  
TITLE S  
NAME CHESTER, SHIRLENE  
STREET ADDRESS 2831 N.W. 173RD TERR.  
CITY-ST-ZIP MIAMI, FL 00000  
TITLE D  
NAME EASLEY, MICHAEL  
STREET ADDRESS 7015 N AUGUSTUS DR  
CITY-ST-ZIP MIAMI LAKES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME **Pastor Michael L. easley**  
6.3 STREET ADDRESS **14630 N.E. 5th Court**  
6.4 CITY-ST-ZIP **North Miami, FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes; I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Wallace* 1-15-95 (305) 635 0309  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #